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**SUBSTITUTE SENATE BILL 5535**

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**State of Washington**

**59th Legislature**

**2005 Regular Session**

**By** Senate Committee on Health & Long-Term Care (originally sponsored by Senators Franklin, Brandland, Berkey, Spanel, Schoesler, Rockefeller, Delvin, Kohl-Welles, Oke and Shin)

READ FIRST TIME 03/02/05.

1       AN ACT Relating to optometry; and amending RCW 18.53.010.

2       BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

3       **Sec. 1.** RCW 18.53.010 and 2003 c 142 s 1 are each amended to read  
4 as follows:

5       (1) The practice of optometry is defined as the examination of the  
6 human eye, the examination and ascertaining any defects of the human  
7 vision system and the analysis of the process of vision. The practice  
8 of optometry may include, but not necessarily be limited to, the  
9 following:

10       (a) The employment of any objective or subjective means or method,  
11 including the use of drugs, for diagnostic and therapeutic purposes by  
12 those licensed under this chapter and who meet the requirements of  
13 subsections (2) and (3) of this section, and the use of any diagnostic  
14 instruments or devices for the examination or analysis of the human  
15 vision system, the measurement of the powers or range of human vision,  
16 or the determination of the refractive powers of the human eye or its  
17 functions in general; and

18       (b) The prescription and fitting of lenses, prisms, therapeutic or

1 refractive contact lenses and the adaption or adjustment of frames and  
2 lenses used in connection therewith; and

3 (c) The prescription and provision of visual therapy, therapeutic  
4 aids, and other optical devices; and

5 (d) The ascertainment of the perceptive, neural, muscular, or  
6 pathological condition of the visual system; and

7 (e) The adaptation of prosthetic eyes.

8 (2)(a) Those persons using topical drugs for diagnostic purposes in  
9 the practice of optometry shall have a minimum of sixty hours of  
10 didactic and clinical instruction in general and ocular pharmacology as  
11 applied to optometry, as established by the board, and certification  
12 from an institution of higher learning, accredited by those agencies  
13 recognized by the United States office of education or the council on  
14 postsecondary accreditation to qualify for certification by the  
15 optometry board of Washington to use drugs for diagnostic purposes.

16 (b) Those persons using or prescribing topical drugs for  
17 therapeutic purposes in the practice of optometry must be certified  
18 under (a) of this subsection, and must have an additional minimum of  
19 seventy-five hours of didactic and clinical instruction as established  
20 by the board, and certification from an institution of higher learning,  
21 accredited by those agencies recognized by the United States office of  
22 education or the council on postsecondary accreditation to qualify for  
23 certification by the optometry board of Washington to use drugs for  
24 therapeutic purposes.

25 (c) Those persons using or prescribing drugs administered orally  
26 for diagnostic or therapeutic purposes in the practice of optometry  
27 shall be certified under (b) of this subsection, and shall have an  
28 additional minimum of sixteen hours of didactic and eight hours of  
29 supervised clinical instruction as established by the board, and  
30 certification from an institution of higher learning, accredited by  
31 those agencies recognized by the United States office of education or  
32 the council on postsecondary accreditation to qualify for certification  
33 by the optometry board of Washington to administer, dispense, or  
34 prescribe oral drugs for diagnostic or therapeutic purposes.

35 (d) Those persons administering epinephrine by injection for  
36 treatment of anaphylactic shock in the practice of optometry must be  
37 certified under (b) of this subsection and must have an additional  
38 minimum of four hours of didactic and supervised clinical instruction,

1 as established by the board, and certification from an institution of  
2 higher learning, accredited by those agencies recognized by the United  
3 States office of education or the council on postsecondary  
4 accreditation to qualify for certification by the optometry board to  
5 administer epinephrine by injection.

6 (e) Such course or courses shall be the fiscal responsibility of  
7 the participating and attending optometrist.

8 (f)(i) All persons receiving their initial license under this  
9 chapter on or after January 1, 2006, must be certified under (a), (b),  
10 (c), and (d) of this subsection.

11 (ii) All persons licensed under this chapter on or after January 1,  
12 2008, must be certified under (a) and (b) of this subsection.

13 (iii) All persons licensed under this chapter on or after January  
14 1, 2010, must be certified under (a), (b), (c), and (d) of this  
15 subsection.

16 (3) The board shall establish a list of topical drugs for  
17 diagnostic and treatment purposes limited to the practice of optometry,  
18 and no person licensed pursuant to this chapter shall prescribe,  
19 dispense, purchase, possess, or administer drugs except as authorized  
20 and to the extent permitted by the board.

21 (4) The board must establish a list of oral Schedule III through V  
22 controlled substances and any oral legend drugs, with the approval of  
23 and after consultation with the board of pharmacy. No person licensed  
24 under this chapter may use, prescribe, dispense, purchase, possess, or  
25 administer these drugs except as authorized and to the extent permitted  
26 by the board. No optometrist may use, prescribe, dispense, or  
27 administer oral corticosteroids.

28 (a) The board, with the approval of and in consultation with the  
29 board of pharmacy, must establish, by rule, specific guidelines for the  
30 prescription and administration of drugs by optometrists, so that  
31 licensed optometrists and persons filling their prescriptions have a  
32 clear understanding of which drugs and which dosages or forms are  
33 included in the authority granted by this section.

34 (b) An optometrist may not:

35 (i) Prescribe, dispense, or administer a controlled substance for  
36 more than seven days in treating a particular patient for a single  
37 trauma, episode, or condition or for pain associated with or related to  
38 the trauma, episode, or condition; or

1 (ii) Prescribe an oral drug within ninety days following ophthalmic  
2 surgery unless the optometrist consults with the treating  
3 ophthalmologist.

4 (c) If treatment exceeding the limitation in (b)(i) of this  
5 subsection is indicated, the patient must be referred to a physician  
6 licensed under chapter 18.71 RCW.

7 (d) The prescription or administration of drugs as authorized in  
8 this section is specifically limited to those drugs appropriate to  
9 treatment of diseases or conditions of the human eye and the adnexa  
10 that are within the scope of practice of optometry. The prescription  
11 or administration of drugs for any other purpose is not authorized by  
12 this section.

13 (5) The board shall develop a means of identification and  
14 verification of optometrists certified to use therapeutic drugs for the  
15 purpose of issuing prescriptions as authorized by this section.

16 (6) Nothing in this chapter may be construed to authorize the use,  
17 prescription, dispensing, purchase, possession, or administration of  
18 any Schedule I or II controlled substance. The provisions of this  
19 subsection must be strictly construed.

20 (7) With the exception of the administration of epinephrine by  
21 injection for the treatment of anaphylactic shock, no injections or  
22 infusions may be administered by an optometrist.

23 (8) Nothing in this chapter may be construed to authorize  
24 optometrists to perform ophthalmic surgery. Ophthalmic surgery is  
25 defined as any invasive procedure in which human tissue is cut,  
26 ablated, or otherwise penetrated by incision, injection, laser,  
27 ultrasound, or other means, in order to: Treat human eye diseases;  
28 alter or correct refractive error; or alter or enhance cosmetic  
29 appearance. Nothing in this chapter limits an optometrist's ability to  
30 use diagnostic instruments utilizing laser or ultrasound technology.  
31 Ophthalmic surgery, as defined in this subsection, does not include  
32 removal of superficial ocular foreign bodies, epilation of misaligned  
33 eyelashes, placement of punctal or lacrimal plugs, diagnostic dilation  
34 and irrigation of the lacrimal system, orthokeratology, prescription  
35 and fitting of contact lenses with the purpose of altering refractive  
36 error, or other similar procedures within the scope of practice of

1 optometry.

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